



HARRIS COUNTY DOMESTIC RELATIONS OFFICE

1310 Prairie, Houston, Texas 77002

Legal Enforcement Division, Suite 700
Phone: 713-755-6757

Family Court Services Division, Suite 620
Phone: 713-755-5706

Alternative Dispute Resolution Division, Suite 780
Phone: 713-755-2900

Community Supervision Unit, Suite 600
Phone: 713-755-5210

DAVID W. SIMPSON, J.D.
Executive Director
Board Certified Family Law

www.dro.hctx.net

CREDIT CARD AUTHORIZATION

TO BE COMPLETED BY THE PAYEE (PLEASE PRINT):

CAUSE NUMBER: _____ NAME: _____

I HEREBY AUTHORIZE THE DOMESTIC RELATIONS OFFICE TO CHARGE MY CREDIT/DEBIT CARD FOR PAYMENT OF THE BELOW FEE(S) IN THE AMOUNT OF: \$ _____.

<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> APPLICATION FEE
<input type="checkbox"/> ATTORNEY CONSULTATION	<input type="checkbox"/> COMMUNITY SUPERVISION FEE
<input type="checkbox"/> JUDICIAL WRIT OF WITHHOLDING	<input type="checkbox"/> LEGAL FEES
<input type="checkbox"/> MEDIATION FEE	<input type="checkbox"/> PARENT CONFERENCE
<input type="checkbox"/> ISSUE BASED INVESTIGATION	<input type="checkbox"/> SOCIAL STUDY EVALUATION

CREDIT CARD: ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTER CARD ☐ VISA

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CREDIT CARD CODE (NUMBER ON BACK OF CARD): _____

NAME ON CREDIT CARD: _____

CREDIT CARDHOLDER ADDRESS: _____
(STREET, CITY, STATE & ZIP CODE)

CREDIT CARDHOLDER CONTACT NUMBER: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

SUBMIT THIS AUTHORIZATION TO THE FEE OFFICE EITHER:

(1) BY MAIL TO THE ADDRESS ABOVE, OR

(2) BY FAX TO (713) 755-3448.